

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
1		/						51			
2			/					52			
3								53			
4			/					54			
5				/				55			
6				/				56			
7				/				57			
8				/				58			
9				/				59			
10				/				60			
11				/				61			
12				/				62			
13				/				63			
14				/				64			
15				/				65			
16		/						66			
17			/					67			
18				/				68			
19				/				69			
20								70			
21								71			
22								72			
23								73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
Total Indep								Total Indep			
Total Depend								Total Depend			
Total Claims								Total Claims			

BEST AVAILABLE COPY